BROOKHAVEN NATIONAL LABORATORY GENERAL CLINICAL RESEARCH CENTER POLICY	GCRC POLICY: IC-16	PAGE 1 OF 2
	PREPARED BY: B. Pyatt	Infection Control
SUBJECT: TUBERCULOSIS EXPOSURE CONTROL PLAN	REVIEWED BY: W. Gunther	GCRC Manager
	APPROVED BY: G. J. Wang	Medical Dept. Chair
	EFFECTIVE DATE: 7/1/05	
	REVISION HISTORY: 5	

1.0 PURPOSE

This Policy defines the Tuberculosis Exposure Control Plan, the purpose of which is to protect all at risk BNL Health Care Workers (HCW) and GCRC research subjects and to establish infection control policies and procedures that eliminate or minimize occupational exposure to tuberculosis (TB).

2.0 RISK

Brookhaven National Laboratory's GCRC is a **low risk** institution by the following definitions.

Low Risk:

2.1. <6 TB patients hospitalized per year.
2.2. PPD conversion rate </= areas/groups without occupational TB exposures or previous rate.
2.3. No PPD conversion clusters
2.4. No evidence of subject-subject transmission.

Intermediate Risk:

2.1. >6 TB patients hospitalized per year.
2.2. PPD conversion rate </= areas/group without occupational TB exposure or previous rate
2.3. No PPD conversion clusters
2.4. No evidenced of patient-to-patient transmission.

High Risk:

2.1. >6 TB subjects hospitalized per year.
2.2. PPD conversion rate > areas/group without occupational TB exposure or previous rate.
2.3. There are PPD conversion clusters. (2 + in an area/occupational group over 3 months).
2.4. There is evidence of subject-subject/HCW transmission

3. 0 BNL EMPLOYEES ONLY

The Occupational Medicine Clinic screens all employees at exposure risk for the presence of inactive or active Tuberculosis at the time of employment and at least annually thereafter. The TB program will also include any GCRC employee who is exposed to a non-isolated subject having active Tuberculosis. They shall be referred to OMC by their supervisors, the Quality Assurance Physician or the Responsible Physician.

4.0 HCW'S (NON BNL EMPLOYEES)

Non-BNL employees who have direct contact with research subjects will provide documentation to OMC verifying that TB screening was done at another facility. If that is not possible, the screening will be done through OMC.

5.0 ALL GCRC HCW'S

5.1. Complete required skin testing at a minimum annually, or more frequently based on the risk assessment.
5.2. Report incidents of occupational exposure to the supervisory chain and complete appropriate follow-up with Occupational Medical Clinic.

6.0 SIGNS/SYMPTOMS OF TB

6. 1. Persistent cough (>2 weeks duration) along with:
   a. Weight loss
   b. Night sweats
   c. Bloody sputum
   d. Anorexia
   e. Fever

7.0 HEALTH CARE WORKER (HCW) RESPONSIBILITIES

7.1. Seek medical evaluation if symptoms develop.
7.2. Notify OMC if PPD test converts
7.3. Notify OMC if diagnosed with Active TB
7.4. Notify OMC if immunocompromised and at risk of contracting infection/developing disease so that work assignment can be modified. .

8.0 RESTRICTIONS FOR HCW'S WITH ACTIVE TB

HCW's with pulmonary or laryngeal TB will be excluded from work until cleared by OMC or private physician or clinic as

being non-infectious.

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9.0 PARTICIPANT DETECTION/TREATMENT AND TRANSPORTATION

9.1. Any subject/participant with symptomology consistent with pulmonary TB shall immediately be referred to his/her private physician or to a local hospital or clinic. Also, the Suffolk County Department of Health shall be called. The subject will be encouraged to cover his/her mouth with a surgical mask N-95 when coughing/sneezing.

10.0 POTENTIAL OCCUPATION EXPOSURE TO TB

10.1. Cough inducing procedures
- a. Bronchoscopy
- b. Endotracheal Intubation
- c. Suctioning with mechanical ventilation
- d. Sputum induction/aerosol treatments

10.2. Open abscess irrigation
10.3. Autopsy
10.4. Close contact with infectious subjects/participants
10.5. Waiting Areas where subjects/participants with suspected TB are located

11.0 RECORDS

The GCRC shall maintain the records for the subjects in a secure manner. The contents will not be disclosed or reported to any person within or outside the workplace without the subject's express written consent except as required by law. All OMC policies, procedures and records are kept on file at the OMC.

12.0 DEFINITIONS

Acid-Fast Bacilli (AFB)-Bacteria that retain certain dyes even when washed with an acid solution. Most acid-fast organisms are mycobacteria. When seen on a stained smear of sputum or other clinical specimen, a diagnosis of TB should be considered: however, the diagnosis is not confirmed until a culture is grown and identified as M. tuberculosis.

Aerosolization-In TB, it refers to the infectious droplet nuclei that are expelled from a person which can be transmitted to other people.

HEPA(High Efficiency Particulate Air) Filter-Specialized filter that is capable of removing 99.97% of particles 0.3 microns in diameter. It may be of assistance in control of TB transmission.

Infection-The condition in which organisms capable of causing disease (e.g., M. tuberculosis) multiply within the body and cause a response from the host's immune defenses. Infection may not lead to clinical disease.

Infectious-Capable of causing infection. In TB, a person is infectious only if he/she has clinically active TB. TB patients whose sputum is AFB smear positive are often infectious.

Positive PPD Reaction-A reaction to the purified protein derivative (PPD) test that suggests the individual tested is infected with the tubercle bacilli. Determination of the reaction is largely dependent on interpretation by the person evaluating the test, given the patient's or HCW's medical history and risk factors.

Tuberculosis-a Clinically apparent active disease process caused by Mycobacterium tuberculosis complex.

Tuberculosis Infection-A condition in which living tubercle bacilli are present in the body, without producing clinically active disease. Although the infected individual has a positive tuberculin reaction, he/she has no symptoms related to the infection and is not infectious. However, the infected individual remains at lifelong risk of developing disease unless preventive therapy is given